

Sagamore Beach Colony Club Day Camp  
Counselor Application – 2016

Counselors (students entering 11th grade or older in the fall 2016) and counselors in training (CIT) (students entering 9th and 10th grade in the fall 2016) must complete the day camp counselor application. There are limited positions available. Complete this application and return it to Sarah Chick by **February 29th, 2016**.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home address \_\_\_\_\_  
Street or box number city or town zip

e-mail address: \_\_\_\_\_

School Name \_\_\_\_\_

Current Grade in school \_\_\_\_\_ Date of Birth \_\_\_\_\_

College Address \_\_\_\_\_  
(if applicable) street or box number city or town zip

Cell phone \_\_\_\_\_

Best way to contact you- phone? email? text? \_\_\_\_\_

Did you attend SBCC Day Camp? \_\_\_\_\_

1. Please describe your previous experience working with children. What did you enjoy about it and why? (If you have been an SBCC counselor before, please also describe what you enjoyed about your counselor position and why)

2. Please list any certifications, such as first aid, CPR and Red Cross Lifesaving that you have along with dates of certification



8. If camp could afford new equipment or other supplies for activities, what would you recommend and why?

References: Due to youth safety standards we require THREE REFERENCES. The best references are people who have hired you to work with children. Please no relatives if possible. These are not needed if you were a counselor or sub last year.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Have you ever been convicted of a crime:    No    Yes    When?  
Where?

Of note, by law, we need to run Core checks on all potential candidates.

**Look Here!**

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**All Applicants Must Sign Application**

I certify that the information I have provided on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent/Guardian Approval (if under 18)**

I give my approval for \_\_\_\_\_ to apply for a position as SBCC counselor and will assist him/her in completing the required duties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Relation to applicant \_\_\_\_\_

Please return completed application by Feb 28<sup>th</sup> to:

Helena Fine  
7 Jones Lane  
Sagamore Beach, MA 02562